



433 METAIRIE RD, SUITE 401 • METAIRIE, LA 70005 • 504-717-6122

DECLARATION OF PRACTICES AND PROCEDURES

Welcome! I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making an informed decision about the appropriateness of my services for you. Please read carefully and underline any areas that need further explanation.

Qualifications - I hold a master's (M.A.) and doctorate (Ph.D) in Marriage and Family Therapy. This training serves as the foundation of my practice and has qualified me to serve as a Licensed Professional Counselor (LPC #4035) and Licensed Marriage and Family Therapist (LMFT #1118) with the Louisiana LPC Board of Examiners. In addition to this I am a member of several regional and national professional counseling organizations. I am also a professor of counseling at the University of Holy Cross.

Areas of Focus – I work with individuals, couples, and families who deal with issues such as Relational Problems, Couple & Marriage Distress, Family Hostility, Communication Problems, Issues of Sex and Intimacy, Stress, Family Dysfunction, Parent-Child Relationships, Depression, Anxiety, Grief, and various forms of addictive behavior.

Based on Family Systems Theory, I attempt to involve the entire family in the therapeutic process where appropriate and possible. It should be noted that I am not a medical doctor and cannot prescribe medication. If medical treatment is necessary, the client will be encouraged to have a complete physical examination if they have not had one within the past year.

The Counseling Relationship – Therapy is a learning process that seeks for the persons involved to better understand themselves and others as well as the interactions that occur among the participants and significant others. Additional goals include achieving enhanced functioning as an individual, couple, or family so that healthy interactions are established and greater satisfaction is attained.

There are several steps in the therapeutic process. First, time will be spent exploring the nature of the problem(s) that have brought you to therapy. I will need to get to know you, how you view yourself, and the quality of the relationships that you have with others. Obviously, we will need to communicate openly and honestly. My responsibility at this point in the therapeutic process is to listen attentively, assist you to communicate with me and others who may be involved, and to provide an environment of trust so that each person present can interact freely and speak what is on their mind.

Second, when we have examined and developed sufficient background to proceed, we will begin to decide upon specific goals and objectives. Periodic assessment of progress to determine the effectiveness of the treatment will take place by reflecting upon any improvements in the problem situation from when therapy began. Treatment efforts will conclude when the sought-after goals have been sufficiently achieved, the client chooses to leave, or if it becomes evident that the client should continue treatment with another therapist due to a therapeutic impasse or need of increased specialization.

Services Offered & Clients Served – My therapeutic orientation depends on the type of problem being addressed. While I am systemic in nature, my approach may draw from any or all of the following therapies based on the unique needs of the client: Emotionally-Focused Couples Therapy, Attachment Theory, Cognitive-Behavioral, Solution-Focused Brief, Structural/strategic, Bowenian, Client-centered, existential, or play therapy. Additionally, I often assign “homework” to help you continue our work outside of sessions. Furthermore, the holistic nature of my views concerning mental health recognizes a person’s spirituality as the central organizing principle around which lasting mental health and strong relationships may be achieved. Techniques may involve, at times, visualizations and/or material drawn



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from spiritual disciplines. While I make no systematic presentation on the subject, I am decidedly Christian in my orientation and beliefs.

Confidentiality – All of our sessions will be confidential and material revealed in counseling will remain strictly confidential except for material shared under the following circumstances, in accordance with State law:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.
3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult
4. A court order is received directing the disclosure of information.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Privileged Communication - It is my policy to assert either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of #2 or #3. Although I cannot guarantee it, we will endeavor to notify clients of all mandated disclosures.

Emergency Situations - When we are unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible during business hours. In an emergency situation when an immediate response is necessary, you may call Metropolitan Crisis Response Team at (504) 826-2675. You may also seek help through hospital emergency facilities or by calling 911.

Physical Health – Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with a list of any medications that you are currently taking.

Client Responsibilities – It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority. Client gain is most important in professional counseling. Suspension, termination, or referral may be initiated by either the client or the counselor. This decision shall be discussed between counselor and client if behavior reveals that: the needs of the client would be best served by seeing another specialist, disinterest or lack of commitment to counseling, or for any unresolved conflict or impasse between counselor and client. Additionally, if you are currently receiving services from another mental health professional, please consider allowing me to exchange information with this professional, so that we can coordinate our service to you.

Potential Counseling Risks – Psychotherapy may be tremendously beneficial for some individuals while, at the same time, there are some risks. The risks may include the experience of intense and unwanted feelings, including: sadness, fear, anger, guilt or anxiety. Please remember that these feelings may be natural and normal and are an important part of the therapy process. Other risks of therapy might include: the emergence of hidden traumatic memories, confronting disturbing thoughts and/or beliefs, modifications of an individual's ability to desire to deal effectively and harmoniously with others in the relationship. Often, as a result of therapy, major life decisions are made including: choices to reconcile or separate from other family members, changes in employment settings, etc. As your therapist, I will be happy and available to discuss any of your concerns, problems, or possible negative side effects of our work together.



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Fees and Length of Therapy – Information concerning fees, payment requirements, missed appointments, and insurance payments is included on my fee schedule. It is difficult to predict how many sessions will be required for therapy to be maximally effective. I will be better able to discuss the probable number of sessions after we have explored and gained insight into your particular situation. Be aware that length of therapy is often based on your commitment to therapy.

The fee for counseling services is \$180 per 50-minute session, or \$270 per 80-minute session.

Code of Conduct – You may have questions about me, my qualifications, or anything not addressed by this form. It is your right to have a complete explanation for any of your questions at any time. Please ask. I am required by state law to adhere to a Code of Conduct for Licensed Professional Counselors, which is determined by the Louisiana Licensing Board. A copy of this Code is available on request. Their address and telephone number are listed below.

Louisiana Licensed Professional Counselors Board of Examiners
11410 Lake Sherwood Ave North Suite A
Baton Rouge, LA 70816
225-295-8444 (phone)
225-295-8448 (fax)

Professional Services Contract

____ (Name(s) of), hereinafter referred to as the Client, has this day retained Dr. Matt Morris, LLC, to provide psychotherapy and/or family therapy.

It is expressly understood that Dr. Matt Morris, LLC, has not issued, and will not issue any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Dr. Matt Morris, LLC, shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors. However, Dr. Matt Morris, LLC, will not be held to any special or elevated standard of care.

The Client agrees that all fees shall be due at the time of treatment and that payments in arrears over two sessions will result in the suspension of therapy until the balance is made current. It is further understood that Dr. Matt Morris, LLC, has the right to carry the outstanding balance with interest until completely satisfied by the Client.

We, the undersigned therapist and client, have read, discussed together, and fully understand the Declaration of Practices and Procedures, and our signature indicates our full informed consent to services provided by Dr. Matt Morris, LLC.

Client(s) Signature(s): _____ **Date:** ____ / ____ / ____

Date: ____ / ____ / ____
Date: ____ / ____ / ____

Minors: I, _____ (parent or guardian) give permission for Matt Morris, PhD, LPC, LMFT to conduct counseling with my _____ (relationship), _____ (name of minor) **Date:** ____ / ____ / ____

Counselor's Signature: _____ **Date:** ____ / ____ / ____
Matt Morris, PhD, LPC, LMFT



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Fee Scale: Fees represent my time on your behalf. This includes time spent in session, in preparation for session, and record keeping.

\$180.00 per 50-minute session, or \$270 per 80-minute session.

- If longer sessions are needed, fees are billed in half-hour increments after the first hour.
- **All fees are to be paid at the time of service in the form of debit/credit card or cash. Checks should be made payable to Dr. Matt Morris, LLC.** Health insurance may cover the cost of therapy. It is the responsibility of the client to check with the insurance carrier for “outpatient psychotherapy” coverage. An invoice for services rendered will be provided in cases where the client wishes to file an insurance claim, though I do not file the claim myself.
- Telephone calls made after hours will be answered by a voicemail system and returned on the following day during regular business hours. I cannot guarantee after-hours availability. Should you experience an emotional or behavioral crisis and I cannot be reached, you and/or your family should contact a local medical or psychiatric hospital, or call 911.
- Calls returned at the request of the client, or made on behalf of the client that pertain to treatment issues will be billed at the rate of \$2.00 per minute (billed in 10-minute blocks). Phone sessions will be billed at the normal hourly rate. Of course, calls pertaining to appointment and rescheduling issues will not be charged.
- Both the therapist and the client will have the right to renegotiate fees if needed. Fees for testing, written treatment summaries, court appearances, consultations, or other special services will be outlined upon request.
- Unless otherwise agreed to in writing by therapist, outstanding accounts of 2 or more sessions will result in the suspension of therapy until balance is satisfied. Therapist has right to carry the balance with interest until account is completely satisfied.
- My services are by appointment only. **If you cannot keep your appointment for any reason, you will need to cancel or reschedule your appointment 24 hours in advance. Missed appointments or failure to provide 24 hours notice of cancellation/rescheduling will result in a charge for the time reserved for you.**
- A typical therapy session is either **50 or 80 minutes.**
- *If you have any questions or concerns about the fees, please feel free to ask.*